

PROFESSIONAL DEVELOPMENT REGISTRATION FORM

PROF

Program

STUDENTS MUST REGISTER AND PAY AT THE BEGINNING OF THE CLASS Please register for only ONE course per registration form.

This Professional Development course is treated the same as any university class. If you wish to drop the course you must complete a Course Drop Request Form (available from your instructor or NNU). Drops must be received before the course completion date; otherwise the grade received will remain on your permanent transcript. No tuition refunds are given for Professional Development

After grades are posted, you will receive a grade letter/transcript. This is an official transcript that is accepted by both the State Department of Education for recertification and by school districts. Grades will be posted to the permanent transcript at the same time. If you need additional transcripts, they may be obtained either by written request to the NNU Registrar's Office or via the Internet at www.nnu.edu (Select Transcript Request from the Quick Links menu). NNU does not charge for transcripts.

Title Miss □	Mrs	. □ Ms. □ Mr. □	□ Dr. □					
Name	Last First			/ I		Maidenif applicable		
Address								
E-mail Address	s	Street / Route / PO Box		City		State	Zip	
		,			tion regarding your reg	,		
Home ())	Work () Social Security #						
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U.S. Citizen Ye	es 🗆 No	o □ If no, what coun	try?	_ Have y	ou taken classes	from NNU before	? □ Yes □ No	
Ethnicity: □Ar	nerican Ir	ndian □Alaskan Native	Black, Non His	panic □His	spanic □Asian or P	acific Islander □V	White, Non Hispanic	
Highest Colleg	e or Uni	versity Degree held:						
Degree Type			College/U	College/University			City/State	
BA□ BS□	MA □	DR □ No Degree						
		ation courses are designed imum of a BA or BS to reg						
Dept & No.		Course Title		# Credits or CEUs	Course Dates	Location	Instructor	
ED 550	Aviation Workshop for Teach			1			Richard Kleir	
Payment Amount Cash (Check #	Bill	to: (Indicate scho	ol district if you have	approved scholarship)	
Type of Credit Card		□Visa □Am Exp	Disc □M C	ard				
						Exp Date: (MM/YY)		
	I certify	that the statements in	n this application	are true ai	nd correct to the be	` ,	dge.	
E.	II I ogol G	Pignature of Applicant		<u></u>		Doto		
Full Legal Signature of Applicant							Office Use Only	
Pink cony is	vour of	ficial receipt – Pleas	so print firmly!			STUDENT ID		
		, along with your payme		lazarene U	niversity	Catalog	PR07	
Center for Professional Development						Session	YR07	
623 Holly Street - Nampa, Idaho 83686 * 208-467-8439 - 800-349-6938 - fax 208-467-8426							DDOF	

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